TOWN OF LANTANA
REQUEST FOR PUBLIC RECORDS

Requested by:  
Name ________________________________________________
Address _____________________________________________
Phone No. (_____) ______ - ________________

Notice: You are not required to fill out this form. Office personnel are required to complete this form, if you do not choose to do so. You may review the requested records, at any reasonable time, under reasonable conditions, and under the supervision by the custodian of the public record or the custodian’s designee, without charge unless the nature or volume requested requires extensive clerical or supervisory assistance in which case you will be advised of the special service charge. (Florida Statute Section 119.07)

Plain paper copies shall be furnished upon payment of $.15 for one-sided copy no larger than 8 ½ X 14 or $.20 for two-sided copy. Certification of documents shall be charged at $1.00 per document. Audio cassette tapes will be copied at $1.00 per tape, and compact disks will be copied at $1.00 per CD.

INFORMATION REQUESTED TO BE REVIEWED:

INFORMATION REQUESTED TO BE COPIED:

Date of Request ____________ Date Completed ______________ Cost ____________

Signature of Party Requesting Info ____________________________________________